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JUL 25 2007

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:)
H. Tanaka et al.)
For: SHOCK ABSORBING)
LANYARDS)
Serial No.: 10/790,394)
Filed: March 1, 2004)
Examiner: Alvin C. Chin Shue)
Art Unit: 3634)
Conf. No.: 1054)
Atty Dkt. No.: 114951-006)

CERTIFICATE OF TRANSMISSION BY FACSIMILE

VIA FACSIMILE TO (571) 273-8300

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the following documents are being facsimile transmitted to the
United States Patent and Trademark Office (Fax No. 571-273-8300) on July 25, 2007.

1. Amendment Transmittal (1 pg.);
2. Response to Office Action (12 pgs.); and
3. Declaration of Tim Russell Under 37 C.F.R. §1.132 (9 pgs.).

Respectfully submitted,

EVEREST INTELLECTUAL PROPERTY LAW GROUP

Date: July 25, 2007

BY 


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AMENDMENT TRANSMITTAL LETTER (Large Entity)				JUL 25 2007		Docket No. 114951-006	
Applicant(s): H. Tanaka et al.							
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.		
10/790,394	March 1, 2004	Alvin C. Chin Shue	43793	3634	1054		
Invention: SHOCK ABSORBING LANYARDS							
<u>COMMISSIONER FOR PATENTS:</u>							
Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE		
TOTAL CLAIMS	19 -	22 =	0	x \$50.00	\$0.00		
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3189 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
 Signature				Dated: July 25, 2007			
Michael S. Leonard, Reg. No. 37,557 Everest Intellectual Property Law Group P.O. Box 708 Northbrook, IL 60065 Phone: 847-272-3400 Fax: 847-272-3417				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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